



NATIONAL INSTITUTES OF HEALTH
NATIONAL CANCER INSTITUTE
National Cancer Institute at Frederick

P.O. Box B
Frederick, Maryland 21702-1201

Use for Summer CRTAs Under 18 years old

Date:

Dear (name of parent or guardian):

On behalf of the Office of the Director, I am writing to inform you that (name of student) has offered to serve as a Summer Cancer Training Award Fellow in our organization. Your *daughter/son* will be working with me in my laboratory during the period of _____ through _____ (*during/after school? hours?*) doing some of the following tasks or projects:

(List a description of project(s) or tasks that is thorough but brief, using layman terms basic enough for most people to understand. Also briefly describe the Aenvironment@ noting if chemicals, specimen types, radiation, magnetic fields, etc are part of the environment)

During the time that (name of student) is working in our laboratory, *she/he* will be under my supervision at all times or under the supervision of *(list name(s))*. I or (name of SAIC Mentor) will instruct name of student on the proper safety procedures appropriate for our laboratory setting. *He/she* may also attend the NIH safety courses offered periodically as well.

I am writing to inform you, that as a minor under the age of 18, your *son/daughter* will need your approval before *she/he* can participate as a student with our research group. Additionally, all Summer Cancer Training Award Fellows are subject to a modified background screening. As such, your son/daughter will be required to be fingerprinted as part of this screening if they will be working in a restricted area or with sensitive information. Please sign and date below indicating your approval and mail to the address below.

National Institutes of Health
National Cancer Institute
Office of the Director
P.O. Box B, Bldg. 427
Frederick, MD 21702-1201
ATTN: *Julie Hartman*

If you have any questions, my phone number is 301- 846-6811.

Sincerely,

James Cherry, Ph.D.
Assistant Project Officer, NCI, OD

Signature of Parent or Guardian
(Signature indicates your understanding
and approval of your son or daughter=s
participation as noted above).

Date